

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Amy Newman
Date: 03-05-2008
Time: 10:30 – 11:30 AM
Location: Wycliff Room 430

IPRS Core Team Attendees:

Gary Imes	Others:
Thelma Hayter	x Cathy Bennett
x Eric Johnson	Sandy Flores
Travis Nobles	x Paul Carr
Cheryl McQueen	x Amy Newman
Joyce Sims	Chris Ferrell
x Jamie Herubin	x Rick Kretschmer
x Mike Frost	Deborah LeBlanc
x Myran Harris	Tim Sullivan
x Theresa Diana	Wanda Mitchell

Attendees:

x Alamance-Caswell	x Mecklenburg
x Albemarle	x Onslow-Carteret
x Catawba	x OPC
x Centerpoint	x Pathways
x Crossroads	Piedmont
x Cumberland	x Sandhills
x Durham	SE Center
x Eastpointe	x SE Regional
x ECBH	x Smoky Mountain
x Five – County MHA	x The Beacon Center
x Foothills	x Wake
x Guilford	x Western Highlands
x Johnston	x DMA-Debbie and Tom

Next Meeting: March 12, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
 Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355
 M-F, 8 a.m.-4:30 p.m., excluding holidays.
 IPRS Question and Answer email address – iprs.qanda@ncmail.net

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ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)

Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Check writes (cut-off dates) – March) 6, 13, 20
4.	<p>Agenda items</p> <ul style="list-style-type: none"> • PHI • <u>Beta Test (NPI) Requirements Review</u> <ul style="list-style-type: none"> ○ 100 records/LME/submission; Format test; full cycle run, 835 ○ Update scheduled termination: TBD • <u>IPRS Questions or Concerns</u> • <u>MMIS Updates – Theresa Diana</u> <p><u>DMH and/or EDS concluding remarks</u></p> <p><u>Roll Call Updates.</u></p>

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(Eric Johnson): Debbie and Tom from DMA are here with us and Stacy from EDS Medicaid

We had the first Checkwrite for March and the cutoff date was the 28th of February and the our upcoming Checkwrite this week is March 6,. The remainder of the Checkwrite dates are listed on the Agenda. Are there any questions in regards to this last Checkwrite?

If there are no questions in regards to this last Checkwrite we will move forward. We do have one new Agenda item, and I am going to be giving more information on PHI. I have been noticing lately that we have been receiving PHI data on some of the emails coming through to the IPRS Q&A, and I know that when we get into the swing of working that we tend to forget about what should be protected. So I would just make this a friendly reminder that we should be very careful of the data which is sent across that is not encrypted or password-protected. I will be distributing some official information/documentation which will help us all stay on our "p's and "q's" about PHI and how we should be dealing with it. One thing in particular, do not sent a client ID in an unprotected email to IPRS Q&A. Just to cover our end of it no one should be sending unencrypted emails with ICNs, client ID, date of birth, social security numbers and information like that.

So, if you are going to be sending emails containing PHI, you do need to send it in a Word document and attach it, and password protect that Word document. You can Zip it or use something to encrypt and protect it. One of the reasons I am bringing this up is that lately we have been going through audits and I want to make sure we are doing all we can do to protect the citizens of North Carolina. Any questions in regards to this?

(Beth/Pathways): The new version of Microsoft Office 2007 version does offer you the opportunity when you password protect to encrypt right there in the document. We discovered this by accident as we have to encrypt various documents. Now we never understood that the client ID without any additional information to be PHI, so that is news to me. We do not usually identify the client as we usually just send in the in the issue, but from now on I will have my staff make sure to send information encrypted or password protected.

(Eric): OK. I know I brought up some issues and I will have to do more follow through at this point. We will have to discuss and determine how we are going to communicate this data back and forth to each other because there is going to be other things that IPRS will have to consider, so we will get back to you as quickly as possible on how to deal with that, because not everyone is going to have access to Microsoft Office 2007 (and this is in direct response to what Beth stated) as not everybody is going to have access to that version of Word. So let me get back to about that before you actually start doing something with Word. For the meantime, make sure to zip anything that will include PHI data and attach it to what comes to IPRS Q&A.

Any questions or comments in regards to that?

NPI Review

(Eric): There are a number of LMEs who have not only beta tested but have begun to send NPI data over on their claims. We did a test run yesterday of data from Wake County, Guilford and Sandhills; so we want to congratulate you on taking that step. The data is being analyzed at this point and we will get back to you with the results. One thing we do want to ask is that when you do begin to send over information with NPI data that you please send an email to the ECS team, so that they will know how to

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handle that data coming in. We had received some production files that came through and to our surprise it included NPI data in them (that was caught) but it would be a lot easier on the folks at ECS as well as the rest of the IPRS team as we want to analyze that data. So it would be easier if we knew ahead who will be including NPI data in their submitted claims. Please send a quick email to the ECS team that you are going to start sending production data including NPI.

Any questions in regards to this?

Are there IPRS questions or concerns?

Q: (Wendy/OPC) For the Crisis Service Fund. When can we expect the reprocessing of the denials for this fund? Because according to the last NCAS reports, we have only drawn on about 7% of our fund.

A: (Eric) Are you saying this is based on what you received as far as the Expended Budget Report that Wanda Mitchell sent out to the LME's? 7%?

A: (Wendy) Yes.

A: (Eric) We have done the reprocessing of those claims in regard to their recoupment, so we are not sure of what you were expecting,. What you may want to do is follow up with Wanda Mitchell in regards to that issue. You may want to send her an email and copy it to IPRS Q&A.

A: (Wendy) Ok.

Q: (Tom/Western Highlands) Have there been any updates on providing a definition on income/family size as requested by the Division for CDW?

A: (Eric) To my knowledge, no. Wanda (who is not on the call today) had been sent a follow up and is looking into that so I am sure she will be getting back to you on that. We will note it in the minutes again and I will check with her to see if she has gotten anything as far as an update.

A: (Tom) Thanks Eric.

Q: (Libby/Eastpointe) The claims that had been recouped, are we going to get repaid for those? Those not in the budget. How are we going to know which claims we are not going to get paid for? Are you going to deny them and let us know which claims we are not going to get paid for?

A: (Eric) When those claims were reprocessed, if they were denied in regards to budget, or budget not available, you would have received that already. There is not going to be any further communication on those claims. When they were reprocessed they were reprocessed in their normal manner.

Q: (Libby) So we would have gotten the denial is what you are saying?

A: (Eric) Yes, you would have.

Q: (Libby) For the ones we did not get repaid for?

A: (Eric) That's right, you would have.

A: (Libby). Fine. I will let them know.

Q: Faye/Mecklenburg) This may have been covered before but is there a code that replaces the YP500 Emergency coverage service?

A: (Eric) A few weeks ago we discussed that there is not a Procedure Code that is going to replace that for Emergency Services. What we recommended (and you can find this in the meeting minutes from somewhere in January/February) is that if there is already an established commitment by the LME to provide those services, then you would need to contact the Budget & Finance team in order to have the funds correctly aligned and possibly be moved out of UCR crisis into non-UCR crisis, so that you can utilize those funds. Is that good?

A: (Faye) Yes.

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MMIS Updates:

(Theresa Diana) Just wanted to point out a few things in the March bulletin. So that you can be aware. We did mention in the February bulletin in regards to the NPI and Referring Providers who are Atypical status. . . . Now the March bulletin goes into more detail. It talks about the NPI and address information database particularly if an Atypical status is on a Provider number it will show when you plug in the Provider number that they obviously don't have the NPI. So another place to refer Providers to if you get those calls on your NPI as a referral number if you are Atypical is on page 4 of the March bulletin. Further on in the bulletin, pages 11-13 talks about a new refund form with Medicaid which is actually available on the DMA website. It is pretty self-explanatory and there are instructions of how to fill it out but if you are still sending in refunds to Medicaid, go ahead and start using this new form as it does replace the need for the RA because it does list all the information that does need to be filled out on the actual form itself. So take a look at pages 11-13.

Also as a reminder on page 24, it talks about the miscellaneous T1999 code in regards to just making sure that Providers are using it appropriately. If a code is not appearing on the Home Health Fee Schedule that is a medical need for patient, then the T1999 can be used; but this again refers back to the policy and to let Providers know when it is applicable to use that code.

The registration for the basic Medicaid workshop in April is online and in the March bulletin.

Q: (Kelly/Durham) When LMEs submit claims to EDS we submit our CNDS number and that number gets put on the Medicaid RA's and not the MIDs. That number is difficult to process a refund. When the refund goes to Medicaid through EDS Finance, you can't use that number that appears on the RA and there is no where on this form to put the CNDS number

A: (Theresa) Do you get an ICN number?

Q: (Kelly) Yes the RA has the ICN, but this form was created for sending to EDS Finance, there is no room for the CNDS number; and they would not know the Medicaid number, the MID. That's just missing from this form. I remember this problem that there was always an issue with the Providers would submit the request for a refund and give in the CNDS number and not the Medicaid IDs so there has to be some way to reference that CNDS number.

A: (Paul) Basically what you needed to do was go back to the PD screen to actually get the MID for the refund.

A: (Kelly) Yes and I guess because I am on this side of the table that it gets to be a big problem to request a refund as it requires so much more research to try and find the ID, and there is never a way to put the MID on the RA because it always had to be whatever ID was being submitted to EDS.

(Theresa) One thing that I can suggest is that the ICN is going to include (not necessarily in your case the MID) but it's going to include the Provider number, DOS, the amount billed, amount originally paid; all of that information is encompassed in the ICN. If that number can't be provided then I would need more information from the Medicaid standpoint

Q: (Kelly) Sometimes when EDS goes to key those refunds they have to look up all those clients because the CNDS ID is not on the RA. So you are saying that Providers do not have to submit the RA's anymore, they can just submit that form?

A: (Theresa) As long as the form has the appropriate information to process the refund then Finance should be able to apply that money to where the Provider is indicating.

Q: (Kelly) Here is my fear that whoever sends in the refund will not put in the MID, they will just put the CNDS ID, because someone is going to look at the RA and take simply the data that is on the RA and translate it to the sheet. They will be thinking that "ok I submitted this CNDS ID, that's the same as the recipients MID number" it has the same

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amount of characters, I am going to put it on the form that you have created, which will not make any sense for keying in that refund.

A: (Theresa) Well, I will have to take that question if you don't mind sending it in to IPRS Q&A to see if anything can be done to follow up on the Finance standpoint.

Q: (Theresa) Kelly do you have the capability to submit a void or replacement claim, through an electronic submission?

A: (Kelly) I do, I just had not done if for EDS.

A: (Theresa) So that's another option that you can use to send money back.

(Kelly) It's not an issue with me as I know what to do. I just wanted to point it out as it may become an issue and it does present a problem when you try to get a refund. As a result I make it a standpoint for us not sent in any refunds because I know the problem already exists and anytime I owe EDS I always use the NCECS Web Tool, but not may people may take that view.

(Theresa) That is the best way to do it, so you are doing a good thing.

(Paul) I think from our standpoint we pushed for you to do the void and replacement when we got that capability. Obviously we don't do the refunds on the IPRS side as Medicaid does, so hopefully the LMEs are taking advantage of the electronic void and handling it that way. I don't know the volume of refunds that Medicaid gets.

(Kelly) I think the NCECS Web Tool is the best way to do it. I don't have a problem with doing that, it's just that I remember the problems it originally created when I was with EDS.

(Paul) Part of the issue with the RA and showing the Local ID is that it's not the entire Local ID. The RA truncates that last digit off the ID, so even if someone submits what is on the RA its not the entire Local ID to be able to get back to the MID.

(Kelly) That's right, so if you have entry level staff, they are just going to use what is on the RA and put it on this form.

(Paul) We can take it back to the folks who were pushing for this new form and see what can be done.

(Kelly) It may not be a problem right now, but there are tons of refunds coming through Medicaid.

(Paul) At the time we did not have the void and replacement capability with the 837, so once that got out there we pushed it and I would be very surprised if Medicaid were to change this form to include the Local IDs for the LMEs

(Kelly) I had not asked for anyone specifically for LMEs to submit refunds to, so be conscious of that.

(Paul) Ok. We may be able to make that announcement next week that if they do use this to put the Medicaid ID number on the form.

(Kelly) They have to make sure it is cross referenced correctly, because if it is not then the refund will be null and void

DMH and/or EDS Concluding Remarks:

For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.

- o Physician phone analyst (i.e. Independent Mental Health Providers)-4706
- o Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707

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